INCIDENT REPORT FORM – TRACK

Use this form to report an accident, incident or near-hit. Give the form to your Manager once completed and submitted to PKRacer.		
Personal details *(name of person involved)*		
First name(s)*:	**Surname*:**	**DOB: / /**
Address:		
	Kart Number*:	
Telephone number*:	**Race Session Number*:**	
Incident details		
Date of incident*: / /	**Time of incident*:**	
Location of incident on track (e.g. Hairpin, under bridge, pits):		
Track conditions (e.g wet, damp, dry, debris on track):		
Estimate speed of kart at time of incident:		
Description of incident (please include as much detail as you can):		
Was the driver following track rules? Circle: YES NO		
If no, please explain which rule(s) were not followed:		
Were any penalties given?		

Primary Injury or Disease:
(Tick Primary injury. If more than one, tick Multiple Injuries)

- ☐ Strain/Sprain - Pain Gradual
- ☐ Strain/Sprain - Pain Sudden
- ☐ Cut / Open Wound
- ☐ Bruising
- ☐ Crushing
- ☐ Dislocation
- ☐ Fracture
- ☐ Fatigue
- ☐ Acute Hearing Loss
- ☐ Other:_____
- ☐ Burns
- ☐ Dermatitis
- ☐ Chemical Exposure
- ☐ Poisoning
- ☐ Electrocution
- ☐ Concussion
- ☐ Impact Injury
- ☐ Foreign Body
- ☐ Breathing Difficulties
- ☐ Multiple Injuries
- ☐ Infectious /Parasitic Disease: _____

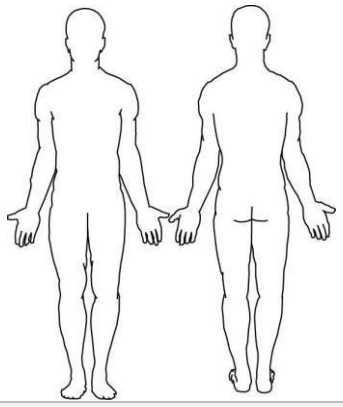
I was injured by: (Mechanism of Injury -Tick one)

- ☐ Slip /Trip / Fall
- ☐ Body Stressing
- ☐ Heat / Radiation / Energy
- ☐ Hitting object with body
- ☐ Chemicals / other Substance
- ☐ Sound / Pressure
- ☐ Biological Factors
- ☐ Mental Stress
- ☐ Fatigue
- ☐ Moving object

CAUSE OF HARM
Which of these injured or potentially injured me? (Tick one)

- ☐ Machinery / Fixed Plant
- ☐ Mobile Plant / Machinery
- ☐ Powered Equipment / Tool / Appliance
- ☐ Biological
- ☐ Non-powered Tool / Appliance / Equipment
- ☐ Chemical
- ☐ Material
- ☐ Substance
- ☐ Animal / Human

Circle where the injury is located on your body:



Details of other persons involved

Did the incident involve any other person or witness?	○ Yes	○ No
	If yes, was the other person injured?	
If yes, please provide contact details:		

Other details *(Management to complete this section)*

Did any damage to property occur?	○ Yes	○ No
(If yes, provide details of the damage)		
Were the Police involved?	○ Yes	○ No
(If yes, provide details of the officers attending)		
Was the regulator (e.g. WorkSafe) informed?*	○ Yes	○ No
Is this an accident compensation related incident?	○ Yes	○ No

*WorkSafe *must* be informed of a notifiable illness, injury or a notifiable event occurring in the workplace.

Your Name: _____
Person Reporting Event

Signature: _____ **Date:** _____
Person Reporting Event